MAILING INSTRUCTIONS: This form should be as a for transmitting the ISSUE including the issue Fee Receipt, the Patent, advance orders and notification of main by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the of issue Fee or thereafter. See reverse for Certificate of Mailing, below. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a college.	e PTO with a sep	n unless it displays a valid OMB control number.	cations with the paymer
Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change) INVENTOR'S NAME	
		Street Address	
1. CORRESPONDENCE ADDRESS 1.3	3M170625	CO-INVENTOR'S NAME	
KATHRYN M BROWN 🦯 🛱	eceived	Street Address	
MORGAN AND FINNEGAN	المارميديل لاستيان	City, State and Zip Code	
345 PARK AVENUE NEW YORK NY 10154 SEF	P 2 4 1997		
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First Named		M	
Applicant STEINBERG, JUTUA,	JOHN-R.	Mark A.	
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